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(See Instruction On Reverse Side)					FOR US			OFFICI ORNIA			STATE	OF				
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SECTION I								•				•	<u> </u>			
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HOLDER INFORMATION																
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		7														
UNCLAIMED PROPERTY HOLDER TYPE CODE:		TELEPHONE:	()				-							
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NAME:																
ADDRESS:																
		TELEPHONE:	()				•							
EFT CONTACT INFORMATION																
NAME:		TELEPHONE:	()				-							
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Complete Section II, III or IV Below:																
SECTION II ACH DEBIT																
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control in a financial institution for the amount that you re					-	-		_				-				
control through a personal security code of your choice.																
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SECTION IV

INTERNATIONAL	ELINIDG	TDANGEED
INTERNATIONAL	LUNDS	IKANSEEK

This method allows you to originate a transaction utilizing the international electronic payment system to transfer funds through federal reserve banks, whereby the holder debits their own bank account and credits the state's bank account.

RE:	TITLE:	DATE:

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT FORM

GENERAL

Please type or print clearly. Fax to the Office of the State Controller at (916) 464-6224 or mail to the address shown on the front of this form. Retain a copy for your file before mailing.

SECTION I

COMPLETE ALL APPLICABLE FIELDS.

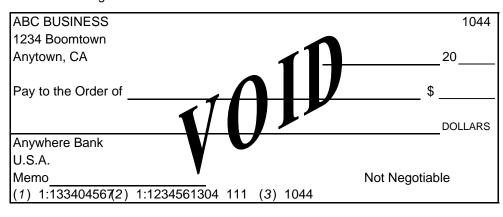
SECTION II, III AND IV

COMPLETE ONE OF THESE SECTIONS:

Complete Section II if you select ACH Debit, Section III if you select ACH Credit, and Section IV if you choose International Funds Transfer. After making your decision, please check the appropriate box and complete every block of information for the method selected.

If the ACH Debit method is chosen a voided check must be attached to the completed authorization agreement. Your voided check will be used to verify the bank account and transit routing numbers.

The example of a voided check, shown below, indicates where to locate the transit routing number for your bank and your bank account number. Remember to mark the word "void" across the face of the check that you return with the authorization agreement.



- (1) Routing Transit Number (Required 9 digits)
- (2) Bank Account Number (Not to exceed 17 digits)
- (3) Check Number

FOR	USE OF THE O	FFICE OF	THE STATE CON	NTROLLE	R ONLY	
Your	enrollment in the	e State Co	ntroller's EFT prog	gram has b	peen approved to commence on	 (Date)
Your	method of remitt	ance is:				
	ACH Debit		ACH Credit		International Funds Transfer	
Uncl	aimed Property D	ivision by:				
Signature					Dat	te
	Tele	ephone	•			